

**FEE TRANSMITTAL**

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	Heat Shrink Scleral Band With Custom-Made Buckle For Retinal Detachment Surgery																						
Application Number :																							
Date :																							
First Named Applicant:		Dr. Mohsen Shahinpoor																					
Attorney Docket Number:																							
<b>TOTAL FEE AUTHORIZED \$ 737</b>																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as small entity																							
<b>BASIC FILING FEE</b>																							
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385				Subtotal For Basic Filing Fees: \$ 385								
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			Subtotal For Basic Filing Fees: \$ 385																				
<b>EXTRA CLAIM FEES</b>																							
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claims</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 21</td><td>1</td><td>2202</td><td>9</td><td>9</td></tr><tr><td>Independent Claims : 4</td><td>1</td><td>2201</td><td>43</td><td>43</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 52</td></tr></tbody></table>				Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$	Total Claims : 21	1	2202	9	9	Independent Claims : 4	1	2201	43	43				Subtotal For Extra Claims Fees: \$ 52	
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<b>PRE GRANT PUBLICATIONS FEES</b>																							
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			Subtotal For Additional Fees: \$300																				
<b>AUTHORIZED BILLING INFORMATION</b>																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
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Expiration Date (YYYYMMDD):		2004-01-31																					
Authorized name:		mohsen shahinpoor																					
Billing address:		87108																					

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03/19/2004 BHABTEW 00000006 10707662

01 FC:2202 18.00 OP

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